

**Georgia State Board of Examiners for Certification  
of Water and Wastewater Treatment Plant  
Operators and Laboratory Analysts**  
237 Coliseum Dr., Macon, GA 31217  
404-424-9966  
[www.sos.ga.gov](http://www.sos.ga.gov)

Date Entered: \_\_\_\_\_

Receipt # \_\_\_\_\_

Submitted \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_

**Application for Certification by Endorsement**

Application Fee \$100.00 (non-refundable)  
Make checks payable to Georgia Board of  
Water/Wastewater

I am applying for the following certificate: (check one):

**Water Certificate**

**CERTIFICATE FOR PUBLIC WATER  
SUPPLY SYSTEM**

- \_\_\_\_ Water Operator Class I  
\_\_\_\_ Water Operator Class II  
\_\_\_\_ Water Operator Class III  
\_\_\_\_ Water Operator Class IV  
\_\_\_\_ Water Distribution System Operator  
\_\_\_\_ Water Laboratory Analyst

**Wastewater Certificate**

**CERTIFICATE FOR BIOLOGICAL  
WASTEWATER TREATMENT SYSTEM**

- \_\_\_\_ Wastewater Operator Class I  
\_\_\_\_ Wastewater Operator Class II  
\_\_\_\_ Wastewater Operator Class III  
\_\_\_\_ Wastewater Operator Class IV  
\_\_\_\_ Wastewater Collection System Operator  
\_\_\_\_ Wastewater Laboratory Analyst  
\_\_\_\_ Wastewater Industrial

☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces, including the National Guard.

**Applicant Name:**

\_\_\_\_\_  
LAST FIRST MIDDLE  
Social Security # <sup>1</sup>: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M M D D Y Y Y Y

<sup>1</sup> This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

**Gender:** ☐ Male ☐ Female

**Residential Address:**

\_\_\_\_\_  
PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED ( P.O. BOX NOT ACCEPTABLE ) APT #  
\_\_\_\_\_  
CITY STATE ZIP

**Mailing <sup>2</sup>  
Address :**

( P.O. BOX ACCEPTABLE ) <sup>2</sup> O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

\_\_\_\_\_  
CITY STATE ZIP

**Daytime Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Evening Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address <sup>3</sup>:** \_\_\_\_\_

<sup>3</sup> Required for communication with Board staff. Your email will not be shared with third parties.

**Georgia State Board of Examiners for Certification of Water and  
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**Application for Certification by Endorsement**

**The following questions must be answered by the applicant. If “yes” is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.**

1.	Are you currently certified in another state and applying for certification by endorsement? <b>If “Yes,” list the state(s):</b> _____	YES	NO
2.	Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.	YES	NO
3.	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.	YES	NO
4.	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, sanctioned or modified? <i>If yes, attach documents.</i>	YES	NO
5.	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?	YES	NO

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Examiners for Certification of Water & Wastewater Treatment Plant Operators & Laboratory Analysts (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_  
Print name of Applicant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)

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**Required Experience**

List your experience that is relevant to the license type for which you are applying.  
Include additional pages if necessary.

**Experience Dates:** from \_\_\_\_\_ to \_\_\_\_\_  
(month/date/year) (month/date/year)

**Job Description**

Provide a specific detailed description of the duties you perform as an OPERATOR / ANALYST (*what type of duties you perform at work*) as related to the class / category of certificate for which you are applying.

You must be able to show that you PERFORM the OPERATOR / ANALYST DUTIES REQUIRED to hold a certificate in this class / category.

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**Name of Employer/Company:** \_\_\_\_\_

**Professional Reference**

(*Must be a licensed operator or official who will certify your required experience, preferably your current employer.*)

The above information is verified by me to assist the Certification Board in safeguarding the public against licensing operators / analysts without the required work experience. I swear that the above statement and experience dates are true to the best of my knowledge under penalty of law. (This section may be duplicated to provide additional references.)

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Print name of Reference

\_\_\_\_\_  
Signature of Reference

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)

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**AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_  
Print name of Applicant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**NOTARY SEAL** (legible ink seal required;  
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**AFFIDAVIT**

TO BE COMPLETED BY STATE OFFICIAL FROM ENDORSING STATE

*Return this form to the applicant upon completion.*

I, \_\_\_\_\_, Board Chair or Designated Office of the  
(Name of Official)

\_\_\_\_\_ attest that  
(Name of Board or Regulatory Agency)

\_\_\_\_\_ was granted License/Certificate Number \_\_\_\_\_  
(Applicant Name)

for License Classification/Type \_\_\_\_\_ as a result

of having passed ABC Examination Level \_\_\_\_\_ or \_\_\_\_\_  
(Other Examination)

on \_\_\_\_\_ with a score of \_\_\_\_\_ and that the license/certificate will remain current  
(Date)

through \_\_\_\_\_.  
(Date)

**BACKGROUND INFORMATION**

Yes      No      Is the Applicant in good standing at this time?

If "NO," please explain. \_\_\_\_\_

Yes      No      According to your records, has the Applicant ever been disciplined by your Board, by any  
state agency, or by any professional organization?

If "Yes", please explain and attach a copy of the Order or other relevant documents.

Board Seal

\_\_\_\_\_  
Print name of Representative of Board or Regulatory Agency

\_\_\_\_\_  
Signature of Representative of Board or Regulatory Agency

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**CONSENT FORM**

I hereby authorize **The Georgia Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code "M")

☐ Employment with elder care (Purpose code "N")

☐ Employment with children (Purpose code "W")

**Select one of the following (required):**

☐ This authorization is valid for   90 days /   180 days /        days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.